

Director

## State of New Hampshire

#### DEPARTMENT OF SAFETY

Richard M. Flynn, Commissioner of Safety

Division of State Police

James H. Hayes Safety Building, 10 Hazen Drive, Concord, NH 03305

271-2575

Speech/Hearing Impaired TDD Access: Relay NH 1-800-735-2964

Dear Sir or Madam:

The Criminal Records Central Repository collects and distributes criminal history record information (CHRI). CHRI consists of descriptions and notations of arrests, detentions, indictments, information's, formal criminal charges and subsequent dispositions. CHRI is forwarded to the repository from criminal justice agencies throughout the state. In addition, the repository tracks information pertaining to sentencing, correctional supervision and release.

Several tiers of rules govern the collection and dissemination of CHRI including the Code of Federal Regulations, the New Hampshire Code of Administrative Rules and state statutes to include RSA 106-b:14 and RSA 106-b:7,1(b). Based upon these rules, law enforcement personnel, or an individual requesting his or her own CHRI, will receive both non-conviction and conviction data. Additionally, any individual or agency may receive the CONVICTION INFORMATION of another, provided that they produce a notarized CRIMINAL RECORD AUTHORIZATION FORM signed by the individual whose record is sought.

To assist you with this transaction, I have enclosed a copy of the required CRIMINAL RECORD RELEASE AUTHORIZATION FORM. Requests sent in by mail <u>MUST HAVE</u> <u>SECTION II COMPLETED</u>. You may copy the Criminal Record Release Authorization Form as your needs dictate. A ten dollar (\$10.00) fee is charged for <u>EACH</u> record request. Please make checks payable to NHSP-CRIMINAL RECORDS.

To expedite the return of your request, please include a <u>self addressed envelope</u>.

Please feel free to call (603) 271-2538, if you have any questions or if I can be of further assistance. Thank you for your anticipated cooperation.

Sincerely,

Jeffrey R. Kellett, Administrator State Police Criminal Records Unit

Enclosure



# New Hampshire Department of Safety **DIVISION OF STATE POLICE**

Central Repository for Criminal Records 33 Hazen Drive, Concord, NH 03305

### **CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

### **SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME			
NAMELAST	(MAIDEN / ALIAS)	FIRST	MI
ADDRESSSTREET			
STREET	CITY	STATE ZIP	CODE
DATE OF BIRTH	HAIR COLOR	EYE COLOR	SEX
DRIVER LICENSE NUMBER		STATE	
My below signature certif	ies that I am the individual listed abov	e and that the information	provided is true.
YOUR SIGNATURE:  Signed under penalty of unsworn falsification pursuant to RSA 64			
	Signed under penalty of unsworn faisification pur	Sualit to RSA 041.3.	
I hereby authorize the	release of my criminal record conviction		ing individual:
NAME OF PERSON / FIRM	I TO RECEIVE RECORD		
ADDRESSSTREE	CITY	STATE	ZIP CODE
YOUR SIGNATURE		DATE	
NOTARY'S SIGNATURE	(Affix Seal)	DATE	(0
	(Апіх Seai)		(Comm. Exp.)
OLONATURE OF REPORT	VEIDNATO DEOENIE DECORE	DATE	
SIGNATURE OF PERSON	I / FIRM TO RECEIVE RECORD		

NOTE: A \$10.00 fee is required for each request - make checks payable to: State of NH – Criminal Records